



Chris Swope

Lansing City Clerk

Auctioneer License Application

(City Codified Ordinances – Chapter 805.01 – 805.99)
<http://mi-lansing.civicplus.com/171/Business-Licenses>

Applicant Checklist: (Ensure All Items Completed)

Payment: ☐

Bond: ☐

Application Completed: ☐

Treasury Form Completed: ☐

ANNUAL NON-REFUNDABLE LICENSE FEE: \$100.00 non-refundable.
BOND: \$2,500.00 penal bond required.
(Bond must be filed with the City Clerk prior to issuance of a license.)

Business Name		Business Phone Number	
DBA			
Business Address	City	State, Zip	

Business Owner		Owner Phone Number	
Owner Address	City	State, Zip	
Owner Email Address		Owner DOB (MM/DD/YY)	

Same as above: ☐

Applicant Name		Applicant Phone Number	
Applicant Address	City	State, Zip	
Applicant Email Address		Applicant DOB (MM/DD/YY)	

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX
www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

I agree that at least ten days prior to conducting an auction, I will file with the City Clerk an itemized inventory of the items to be sold at the auction and the dates, times, and location of the auction.

I understand that it is my responsibility to comply with all provisions of Chapter 805 (Auctions) of the Lansing Codified Ordinances.

I understand that a false statement on this application may result in either a denial of this application or subsequent revocation if this license is granted.

Applicant Signature

Date

OFFICIAL USE

Amount paid: _____

Date paid: _____

License #: _____



VIRG BERNERO, MAYOR

CITY TREASURER * INCOME TAX DIVISION

(517) 483-4121

(517) 483-4114

1ST Floor – City Hall
124 West Michigan Avenue
Lansing MI 48933

LANSING TREASURY INFORMATION REQUEST

Complete a separate form for each individual subject to verification

Applicant/Employee Information

Name: _____

Home Address: _____

_____ Since _____

Daytime Phone Number: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Employer/Business Information

Corporate Name: _____

Doing Business As: _____

Address: _____

Business Phone #: _____

Federal Employer Identification #: _____

Do you, or any of these businesses, owe the City money for any reason? Yes ____ No ____

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25% _____

Signature

Date

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